

Rev. 10/13

United States District Court  
District of Rhode Island

Eric G. Neufville  
Plaintiff

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

v.

CASE NUMBER:

Patricia Coyne Fague et.al.  
Defendant

CA 20-005

I, Eric G. Neufville, declare that I am the (check appropriate box)

\* Petitioner/Plaintiff/Movant

other \_\_\_\_\_

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  \* Yes  No (If "No," go to part 2)

If "Yes," state the place of your incarceration:

Are you employed at the institution?  Yes  \* No

Do you receive any payment from the institution?  Yes  \* No

If the answer is "Yes," attach a certified ledger sheet from the institution(s) of your incarceration showing at least the past (6) six months' transactions.

2. Are you currently employed?  Yes  \* No

a) If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer:

b) If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer. Also, explain how you have been supporting yourself: January 03, 2019

3 dollars a day. State of R.I. D.O.C..

Family has been supporting Plaintiff.

3. Have you received in the past (12) twelve months, or do you anticipate receiving in the future, any money from any of the following sources?

a) Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b) Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c) Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d) Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e) Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f) Any other persons or sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe each source of money and state the amount received and what you expect you will continue to receive: Sister 30 dollars a month.

4. List anyone who helps support you or shares support in any way and describe the type and amount of such support for the last twelve months. If no one, write "NO ONE."

5. Do you have any cash or checking or savings accounts?  Yes  No

If "Yes," state the total amount:

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?  Yes  No

If "Yes," describe the property and state its value:

7. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses?  Yes  No

If "Yes," describe and provide the amount of the monthly expense:

8. Do you have any debts or financial obligations?  Yes  No

If "Yes," describe the amounts owed and to whom they are payable:

9. Have you transferred any assets within the last 12 months prior to filing this application?

Yes  No

If "Yes," describe the asset and state its value:

10. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you actually contribute to their support. Please list minor children by initials only.

I declare under penalty of perjury that the above information is true and correct.

1/2/2020  
Date

George  
Signature of Applicant

NOTICE TO PRISONER: A prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

FOR COURT PURPOSES ONLY:

APPROVED

DENIED

U.S. MAGISTRATE JUDGE

DATE